



SEND A COPY TO THE AUTHORIZED INSTITUTIONAL OFFICE RESPONSIBLE FOR ADMINISTERING THE INSTALMENT

Request for Changes to Award

Part 1: AWARD HOLDER INFORMATION		
Family name	Given name and initial(s)	
Email address	Telephone number	
Mailing address		
Part 2: AWARD AND INSTITUTION INFORMATION		
<input type="checkbox"/> CIHR <input type="checkbox"/> NSERC <input type="checkbox"/> SSHRC		
Type of award	Application number	Committee number (NSERC only)
Faculty/Department	Institution	Research institution (CIHR only)
Part 3: CHANGE INFORMATION AND REQUIREMENTS		
<u>AWARD STATUS</u>		
<input type="checkbox"/> I have started my award <input type="checkbox"/> I have not started my award		
<u>REQUEST PERMISSION TO CHANGE</u>		
<input type="checkbox"/> Institution/Place of tenure <input type="checkbox"/> Research institution (CIHR only) <input type="checkbox"/> Department/Faculty		Effective date of change : mm/dd/yyyy
<input type="checkbox"/> Supervisor(s) <input type="checkbox"/> Program of study/research project/degree		
<input type="checkbox"/> Supporting documents included, if required <input type="checkbox"/> I have notified my old institution of the change (change of institution only)		
Signature of award holder: _____ Date: _____ (mm/dd/yyyy)		
Part 4: CONFIRMATION OF SUPERVISOR APPROVAL		
To be completed by the award holder's supervisor. A change in supervisor(s) requires the signature of one new supervisor.		
<input type="checkbox"/> I have discussed this request for changes to award with the award holder, and approve the request.		
Institution: _____		Name (print): _____
Date: _____ (mm/dd/yyyy)		Signature: _____
Part 5: CONFIRMATION OF INSTITUTIONAL APPROVAL		
To be completed by an authorized institutional official. Banting PDF requires the signature of the president (equivalent or designate).		
<input type="checkbox"/> I confirm that the institution has approved this change. <input type="checkbox"/> Banting PDF: I confirm that the institutional synergy and support outlined in the original application will continue.		
Institution: _____		Name (print): _____
Title: _____		
Date: _____ (mm/dd/yyyy)		Signature: _____
CIHR ONLY		
Research institution: _____		Name (print): _____
Title: _____		
Date: _____ (mm/dd/yyyy)		Signature: _____